

WASHINGTON STATE
DEPARTMENT OF ECOLOGY

**Attn: DW Notifications
M/S PV-11
Olympia, WA 98504-8711
(206) 459-6387**

FORM 2

DEPARTMENTAL USE ONLY

REF ID: A66047

DEPARTMENTAL USE ONLY

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RCV'D FEB 13 1992

LOG df FEB 19 1992

REVIEW X JR 2 20 92 NRS

G/WAC _____

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

- | | |
|--|---|
| <p>1. <input type="checkbox"/> A. FIRST NOTIFICATION
 (No previous application has been made for this site)</p> <p><input type="checkbox"/> C. WITHDRAW SITE I.D. NO. DATE _____
 (Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in Part 1F)</p> <p><input type="checkbox"/> E. CANCEL SITE I.D. NO. DATE _____
 (Site closed—no longer own or conduct business at this site.
 Complete Sections 1F, 2-8 & 13. Enter existing I.D. No. in 1F)</p> | <p><input checked="" type="checkbox"/> B. REVISED NOTIFICATION DATE <u>2/03/92</u>
 (Enter existing site I.D. No. in Part 1F. List sections you revised: <u>3, 5, 6A, 7A</u>)</p> <p><input type="checkbox"/> D. REACTIVATE SITE I.D. NO. _____ (Complete all sections of the form.
 Enter previously assigned I.D. No. in Part 1F.)</p> <p><input type="checkbox"/> F. EXISTING I.D. NO. _____
 (Complete for items
 1B, C, D & E only)</p> |
|--|---|

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER															2.B. SIC CODE(S)														
6 0 0 - 0 1 9 - 7 5 3															4 9 5 3														
2.C. TYPE OF BUSINESS CONDUCTED AT THIS SITE <u>Hazardous Waste Treatment and Storage</u>																													
3. NAME OF INSTALLATION																													
B U R L I N G T O N E N V I R O N M E N T A L I N C.																													
4. LOCATION OF INSTALLATION																													
Street																													
2 0 0 1 W. G A R F I E L D S T R E E T																													
County Name K I N G																													
City or Town															State					ZIP Code									
S E A T T L E															W A					9 8 1 1 9 -									
5. INSTALLATION MAILING ADDRESS																													
Street or P.O. Box																													
2 2 0 3 A I R P O R T W A Y S O U T H S U I T E # 4 0 0																													
City or Town															State					ZIP Code									
S E A T T L E															W A					9 8 1 3 4 -									
6.A. INSTALLATION CONTACT																													
Name (last)															Name (first)														
M A T H E W S															N A T E														
Job Title															Phone Number														
P L A N T M A N A G E R															2 0 6 - 2 8 4 - 2 8 5 0														
6.B. INSTALLATION CONTACT MAILING ADDRESS (see instructions)																													
Street or P.O. Box																													
2 0 0 1 W. G A R F I E L D S T R E E T																													
City or Town															State					ZIP Code									
S E A T T L E															W A					9 8 1 1 9 -									
7.A. NAME OF INSTALLATION'S LEGAL OWNER																													
B U R L I N G T O N E N V I R O N M E N T A L I N C.																													
Street, P.O. Box, or Route Number																													
2 2 0 3 A I R P O R T W A Y S O U T H # 4 0 0																													
City or Town															State					ZIP Code									
S E A T T L E															W A					9 8 1 3 4 -									
7.B. PROPERTY OWNERSHIP (Provide address in section 12 if different than 7A.)																													
P O R T O F S E A T T L E																													
7.C. OWNER TYPE															7.D. PROPERTY TYPE														
P																													

8.A. NAME OF INSTALLATION _____
(Same as item No. 3)

8.B. EPA I.D. NO. WA0000813917

9. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 9.A., 9.B., or 9.C. below that may apply).

9.A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

- ☐ 1. GENERATOR ☐ 1a. Conduct on-site recycling
- ☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).
2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other
(Specify in comments)
- ☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.
3b. Process conducted or available at this facility;
(1) ☐ Treatment (2) ☐ Storage (3) ☐ Disposal
(4) ☐ Other (specify in comments).
3c. Current Part A ____/____/____
Part B Process ☐ Yes ☐ No
- ☐ 4. IMMEDIATE RECYCLER
- ☐ 5. PERMIT-BY-RULE FACILITY
- ☐ 6. MARKET OR BURN DANGEROUS WASTE FUELS— 6a. ☐ Generator Marketing to Burner 6b. ☐ Other Marketer
6c. ☐ Burner. (COMPLETE 9c.—TYPE OF COMBUSTION DEVICE)

9.B. USED-OIL FUEL ACTIVITIES.

- ☐ 1. OFF-SPECIFICATION USED-OIL FUELS- 1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 9c.)
- ☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

9.C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1. ☐ Utility Boiler 2. ☐ Industrial Boiler 3. ☐ Industrial Furnace.

10. WASTE IDENTIFICATION (Copy this page if you have more than 5 waste streams—other information (sections 9 and 11-13) not needed on continuation sheets)

A. NUMBER	B. DESCRIPTION OF WASTE(S)	C. DANGEROUS WASTE NUMBER	D. ESTIMATED OR ACTUAL ANNUAL WASTE QUANTITY	E. WASTE CODE

11. Complete a, b, or c; AND d below.

- 11.A. ☐ (Batch Frequency _____)

QUANTITY	WEIGHT																				
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
	CODE																				
- 11.B. ☐ PER MONTH

QUANTITY	WEIGHT																				
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
	CODE																				
- 11.C. ☐ ONE-TIME-ONLY

QUANTITY	WEIGHT																				
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	CODE																				
- 11.D. AMOUNT TO BE ACCUMULATED ON-SITE PRIOR TO SHIPMENT

QUANTITY	WEIGHT																				
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
	CODE																				

12. COMMENTS <u>1, tran. TSD. BBL</u>
Note: Form is sent due to company name change from Chempro to Burlington Environmental Inc.

13. CERTIFICATION		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
SIGNATURE <u>Nate Mathews</u>	NAME AND OFFICIAL TITLE (type or print) NATE MATHEWS-PLANT MANAGER	DATE SIGNED 2/07/92